

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/980809** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		1				
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TOTAL ID.		2		2		2
TOTAL DEP.		5		5		5
TOTAL CLAIMS		7		7		7

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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